

NORTH DAKOTA FAMILY PLANNING PROGRAM PROTOCOLS - CONTRACEPTIVES

IUC REMOVAL

DEFINITION	This protocol covers the steps to follow in removing a client's IUC.
SUBJECTIVE	May include: 1. LMP. 2. Medical, sexual history, and contraceptive use history update, as appropriate. 3. History of any recent intercourse, if client not currently menstruating. 4. Documentation of reason for IUD removal request.
OBJECTIVE	May include: 1. BP. 2. Pelvic exam.
LABORATORY	May include: 1. Sensitive urine pregnancy test if client not menstruating. (If test positive, see IUD Complications.) 2. Hemoglobin (if history of excessive bleeding).
ASSESSMENT	IUD removal candidate.
PLAN	 May medicate with 400mg-800mg of Ibuprofen 30 minutes prior to removal. If IUC thread is visible: a. Remove IUC (see Contraceptive Technology IUC removal technique). Grasp the strings close to the os and apply gentle steady traction and remove the IUC slowly. If IUC string(s) missing or break during removal attempt, refer to IUD Complications. (CON-8.3). If client desires contraception: a. If client has re-qualified for an IUD, may insert another IUD this same visit. b. Provide another birth control method. (Refer to chosen method protocol.)
CLIENT EDUCATION	 Review educational handout(s). Review symptoms, complications, and danger signs. Review safer sex education, if appropriate. If client seeking pregnancy, provide preconceptual counseling. Recommend client RTC annually or PRN for problems.
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Page 1 of 2 IUC Removal CON 8-2

CONSULT /
REFER TO
PHYSICIAN

- . Client who requires antibiotic prophylaxis against endocarditis unless she has been previously evaluated by MD.
- 2. Client with difficult IUD removal.
- 3. Any client who is pregnant.

Revised 07/08, 03/11, 01/14, 8/2016

References:

- 1. Hatcher, R.A., Trussel, J., Nelson, A.L., Cates, W., Jr., Guest, F., & Kowal, D. et al. (2011). Contraceptive Technology (20th ed.) New York: Ardent Media, Inc. pp. 179.
- 2. Centers for Disease Control and Prevention (CDC). US Selected Practice Recommendations for Contraceptive Use, 2016: MMWR Recomm Rep. 2016/65(4):1-66.

Page 2 of 2 IUC Removal CON 8-2